

F - FINAL  
DISCHARGE

(17-19)

001 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM 

YEAR	MO	DAY
87	06	01

 TO 

YEAR	MO	DAY
87	06	30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 03) WATER COMPLIANCE SECTION  
NOTE: Read instructions before completing this form.

**NOTE: Read instructions before completing this form.**

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****			-		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU	-	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****				-		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AV	30 DAILY MX	MG/L	-	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT				*****	*****	*****		-		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	*****	-	DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT			ZERO FLOW							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
C. G. JAMES	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				<div></div> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO
						208 838-2200		87	7	13	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

PLS, 7/28/87 dv



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME CYPRUS THOMPSON CREEK MINING C  
ADDRESS P.O. BOX 62  
CLAYTON ID 83227

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

ID0025402

002 A

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL

DISCHARGE TO PAT HUGHES CREEK

JUL 16 1987

FACILITY LOCATION BERT DOUGHTY  
ATTN: JXXXXXXXXXXXXX, ENVIRON SUPERV

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	06	01		87	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 03) WATER COMPLIANCE SECTION  
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.7		0	Weekly	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9.0 MAXIMUM	SU		Weekly	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1	3		0	Weekly	GRA
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY AV	30 DAILY MX	MG/L		Weekly	GRA
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.013	0.019		*****	*****	*****		0	Weekly	GRAB
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
C. G. JAMES	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY
		208	834-2200	87	7	13
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

Attachment A\*

June, 1987

Turbidities on Thompson Creek

<u>DATE</u>	<u>STATION</u>	<u>TURBIDITY (NTU)</u>
6-25-87	TC-1	0.47
6-25-87	TC-2	0.56
6-25-87	TC-3	0.60
6-25-87	TC-3	0.37

\*When Buckskin isn't discharging

WATER COMPLIANCE SECTION  
EPA - REGION 10

RECEIVED  
JUL 16 1987



Cyprus Thompson Creek

Post Office Box 62  
Clayton, Idaho 83227  
Telephone (208) 838-2200

July 13, 1987

Chief, Water Compliance Section  
EPA, Region X, Mail Stop 513  
1200 Sixth Avenue  
Seattle, Washington 98101

RE: CYPRUS THOMPSON CREEK MINING COMPANY

NPDES Discharge Monitoring Report for June, 1987,  
and Second Quarter Report

Dear Sir or Madam:

Enclosed are the discharge monitoring reports for source points  
001 and 002 on the Cyprus Thompson Creek Project for June 1  
through June 30, 1987, and the second quarter report.

If you have questions, please advise.

Very truly yours,

*for C.G.J.*  
C. G. JAMES  
General Manager

BD:spf

Enclosures

cc: Idaho Department of Health & Welfare, Boise Office  
File: P-12-e

RECEIVED  
JUL 16 1987  
WATER COMPLIANCE SECTION  
EPA - REGION 10

CYPRUS